TEXAAN
TEXAS ACADEMIC ADVISING NETWORK

texaan.org

Date: _____

Name of LPC: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

List each session in which you participated in order of attendance:

Date	Begin-End Time	Program Title	Presenter(s)	Contact Hours

Total Contact hours: _____

I certify that the information present on this form is complete and accurate.

LPC Signature: _____ Date:_____

Credit can only be granted for your participation in content sessions that will enhance your skills and knowledge as a counselor. Only request credit for sessions which you attended in their entirety. Credit cannot be granted for business/governance meetings, breaks, or social activities including meal functions except the actual time of the content speaker.

A maximum of _____ hours can be earned in the activities offered at this TEXAAN Conference. This forms must be signed by an authorized TEXAAN Executive office.

Authorized By: _____ TEXAAN Officer Title: _____ Date:_____